

Expression of Interest Form

I _____ would like to express interest to be considered for appointment as a Director of the Board and agree to the terms and conditions as outlined.

Applicant Signature

We support _____ to be considered as a Director of the Board. We certify that we are members in good standing with the Society.

Voting Member Signature

Voting Member Signature

Submit to:

Nominations Service Unit, c/o Lifesaving Society
13123 – 156 Street Edmonton AB
T5V 1V2

Inquiries and requests for additional information should be directed to experts@lifesaving.org (add Attention: Executive Assistant in subject heading) or phone (780) 415-1755.